

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 242 State Street, Augusta, Maine

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## COMMISSION ON GOVERNMENTAL ETHICS & ELECTION PRACTICES-AUGUSTA, ME

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION			
Name		Member of:		
TIMETHY DAISCOLL				
Mailing address		District		
111 MONROE AVENUE		126		
City, zip code		Phone		
WESTBROOK 04092	856-7014			
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY AN	OTHER		
ist the name and address of each emplo- principal type of economic activity of each e		, ,		
Name of Employer	Address	Principal Type of Economic Activity of Employer		
Mercy Hospital	144 State St. Portland Maine	Healthiare		
State of Maine	Augusta, Maine	Ligislature.		
Profitanting generation disconnections and an elementary of project for grantials in the second and an extra profitance and an elementary control and a control of the second and a second		and the region of the control of the		
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(Fo A. List the name and address of your bus	COME DERIVED FROM SELF-EMPLOYMENT Legislators who are self-employed.) siness, if any, and list the major areas of earship, firm, professional association, or sim	economic activity from which you ilar business entity, list the majo		
(Fo List the name and address of your bus lerived income. If associated with a partne	r Legislators who are self-employed.) siness, if any, and list the major areas of earship, firm, professional association, or sim	economic activity from which yo		
List the name and address of your bus erived income. If associated with a partnereas of economic activity of that entity.  Name and Address of Business Entity	r Legislators who are self-employed.) siness, if any, and list the major areas of earship, firm, professional association, or sim  Major Areas of Economic Activity (self)	economic activity from which your ilar business entity, list the maj  Major Areas of Economic  Activity  (partnership, association or similar		
List the name and address of your busterived income. If associated with a partnereas of economic activity of that entity.  Name and Address of Business Entity  ame:	r Legislators who are self-employed.) siness, if any, and list the major areas of earship, firm, professional association, or sim  Major Areas of Economic Activity (self)	economic activity from which your ilar business entity, list the maj  Major Areas of Economic Activity  (partnership, association or similar		
A. List the name and address of your bustlerived income. If associated with a partner areas of economic activity of that entity.  Name and Address of Business Entity  Name:	r Legislators who are self-employed.) siness, if any, and list the major areas of earship, firm, professional association, or sim  Major Areas of Economic Activity (self)	economic activity from which you ilar business entity, list the maj  Major Areas of Economic Activity  (partnership, association or similar		
A. List the name and address of your bustlerived income. If associated with a partnerize of economic activity of that entity.  Name and Address of Business Entity	r Legislators who are self-employed.) siness, if any, and list the major areas of earship, firm, professional association, or sim  Major Areas of Economic Activity (self)	economic activity from which your ilar business entity, list the major Areas of Economic Activity (partnership, association or similar		

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO (For Legislators who are self-employed.)	YMENT
B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the the entity or person from whom the income was derived.	derived such income. If this form o
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	. '
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of you	The state of the s
Name and Address of Firm  Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name:	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include	e gifts. If none, check the box.
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name:	
Address:	
Name:	
Address:	
PĀRT 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.	
☑None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	
Autros.	
Name:	
Name:	
Name: Address:	e than \$300 from a single source. If
Name: Address:  PART 6: REPORTABLE GIFTS  List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more	e than \$300 from a single source. If
Name: Address:  PART 6: REPORTABLE GIFTS  List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box  None	e than \$300 from a single source. If

PART 7. REPORTA	ABLE HO	DNOF	RARIA			
List the source of any honoraria accepted for appearances or speec		1 6	<u> </u>	<u>. Apr. 34</u> 27 27 313	box.	
☑ None	ia. Iri	Wasiaadra waxaa		27 - Mr Albanian Andrewson (1944 - 1944), and the state of the stat	The second secon	
Name of Source of Honoraria	र-१८०=क रहा - वर्षका  	2000 5 1170 1880	N	ame of Source of Honoraria		
1.	3.					
2.	4.	VATERO (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			TOTAL CONTROL OF THE	
PART 8. REPRESENTATION	BEFOR	E ST	ATE /	AGENCIES		
List each executive branch agency before which you represented of the box.				3 - 2	If none, check	
None .	on I sales and a sales and	Propriet Victoria (IIII)	,			
Name of Agency		1, 24 -	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Name of Agency	Contract Con	
<b>1.</b>	3.				r 1940 - Marie Carlos e de conseguence de la que en esta de la companya de la companya de la companya de la co	
2.	4.				THE COLUMN TO THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE	
PART 9. BUSINESS W	ITH STA	TE A	GENO	DIES A		
List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.				4	ue in excess of	
None			**************************************			
Name of Agency		7 <b>7</b> 5		Name of Agency		
1,	3.				iniziaminini Arandia Jody (doli 2011. Admir Ballilla, a. ) - web (1900) - (	
2.	4.					
PART 10. INCOME RECEIVED BY	VEMBER	S OF	IMM	EDIATE FAMILY		
List the type of economic activity representing each source of income of \$1,000 or more received by your spouse or dependent child (ren) during the reporting period and the kind of income represented. Do not include gifts. Circle "S" for income received by spouse or "D" for income received by dependents.						
Type of Economic Activity Representing Source of Income Receiv	ved	Circ approj lett	oriate	Kind of Income	<b>3</b>	
1. Nurse Anothetist Student	(	<u>S</u>	D	Stipend/Maine	Nedial	
2.		S	D		99	
3.	**************************************	S	D	and a second of the second of	NOTE OF STREET (I). IS A Philippe of the Street of Stree	
4.		S	D	ar dimensional des des de Maria de Maria VIII de la disconsissamente consistença que por des administración de la definicación	anna kalaba. Fa sakit propoporowanom prominero mercenna kun arrama 185 dili	
SIGNA	TURE	1				
A Legislator who willfully fails to file a required statement is subject to a fine of \$10 per business day until the report is filed. (1 M.R.S.A. § 1017-A)						
The intentional filing of a false statement is a Class E crime. If willfully filed a false statement, it shall refer its findings of fact to the	the Comr ie Attorne	nissic y Ger	n con neral.	cludes that it appears that a	Legislator has	

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question.

Date

(1 M.R.S.A. § 1019)

Signature

NAME:						DATE:			
ADDRESS:		-	-	A THE STATE OF THE			arra Zikini da Maria Maria Maria da Andrea da Angresia da Angresia da Angresia da Angresia da Angresia da Angr		A TOWN COME AND A STATE OF THE
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Please provide information you	any additional are providing.	information	below (and	on additiona	ıl sheets	if needed).	Indicate the pa	art or section n	umber for the
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